Beat Available LIPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

pplication or Docket Number

035451-0135

| | | CLAIMS AS | | (Column 1) | | (Column 2) | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|---|---|---|------------------|--------------------|----------------------------------|------------------|-----|--------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS | | | 38 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | BASIC FEE | 355.00 | OR | BASIC FEE | · 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | გ ? minus 20= | | . 18 | | | X\$ 9= | | OR | X\$18= | 324 |
| INDEPENDENT CLAIMS | | | minus 3 = | | 1 | | | X40= | | OR | X80= | 80 |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | Ī | +135= | | OR | +270= | |
| * If | the difference | in column 1 is | less than ze | ro, ente | r "0" in column 2 | | | TOTAL | | OR | TOTAL | IIIU |
| | C | LAIMS AS A | MENDED - PART II | | | | | | | OTHER THAN | | |
| (Column 1) | | | | (Column 2 | | (Column 3) | | SMALL E | | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T CL AIM | = | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | 4 |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | HEST MBER IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | *** | | <u> -</u> | ┇ | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL | | | TOTAL | |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NUM PREV | HEST MBER TIOUSLY D FOR | PRESENT EXTRA |][| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = |] [| X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | *** | |]= | 4 [| X40= | | OR | X80= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | | | | | | | | OR | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | TOTAL | |
| | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |